



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

MEDICAL ASSISTANCE PROBLEM RESOLUTION DIVISION

TO: Nursing Homes, Chronic/ Specialty Chronic and ICF-MR Facilities

FROM: Christina Allen, Supervisor,
Long Term Care Resolution Unit

RE: Updating of Vendor File Information/
Private Daily Room Rate changes

The LTCF Rate/Change form attached, is **required** when a LTCF receives new CARES Vendor and MMIS provider ID numbers and when necessary, reports changes of the private daily room rate(s). The private daily room rate is used in the Long Term Care (LTC) Eligibility Determination on CARES. Without this information Long Term Care cases will not accept on CARES. Therefore, the private daily room amount reported to us needs to be the same as the rate provided to the Local Department of Social Services (LDSS) on the DHMH 257 form.

In some instances, we are finding that the rates reported to the Medical Assistance Problem Resolution Unit are not the same rates that the LTCF reports to the Local Department of Social Services. Instead, several nursing facilities reported the State Medicaid reimbursement rates. **The State Medicaid reimbursement rates are not the rates to be reported.** In such case, entering the State Medicaid reimbursement rates or not reporting ongoing daily room rate changes timely may result in an improper eligibility determination of over scaled resources for the resident.

Please keep in mind that when reporting all private daily room rate changes, the CARES system only accept **one** figure per level of care approved by the Department of Health and Mental Hygiene such as skilled, intermediate, chronic, or psychiatric levels. Also, as some facilities may have rates for subsidiary levels such as light, moderate or heavy special unfortunately, the Long Term Care Resolution unit **cannot** choose the appropriate rate. **So, please do not submit rate listings.**

The attached form also serves as notification to the LTCF of its assigned CARES Vendor number(s) and MMIS Provider ID number(s) to be used on the DHMH 257, 259 and DES 1000 documents. **Once received it is imperative that the LTCF complete the rate/change form attached and return by mail fax or mail within 10 working days to:**

Department of Health and Mental Hygiene
Medical Assistance Problem Resolution Division
LTC Resolution Unit
201 W. Preston Street Room #SS5
Baltimore, Maryland 21201
Attn.: Christina Allen
Fax: (410) 333-5027

If there are any questions, please contact Christina Allen at (410) 767-8699. Thank you for your cooperation.



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**MEDICAL ASSISTANCE PROBLEM RESOLUTION DIVISION
NURSING HOME, CHRONIC and ICF-MR FACILITIES RATE/CHANGE FORM**

Facility personnel **must complete all sections** below retain a copy and return either by mail or facsimile.

SECTION I -

Pay To Provider Information

Pay to Provider Name: _____

Address: _____ City/State/Zip _____

DHMMH MMIS (9 Digit) Provider #: _____

SECTION II -

CARES Vendor ID # - LEVEL OF CARE:

(1.) Check all boxes that apply.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Chronic Care (072-CC) --

Psychiatric Care (073-PSYC) --

Skilled Care (081-SC) --

Intermediate Care (082-IC) --

Intermediate Care/
Mental Retardation (083-ICMR) --

(2.) Vendor ID#	(3.) Daily Room rate Effective Date (mm / yy):	(4.) Daily Room Rate Amount \$
	/	
	/	
	/	
	/	
	/	

(5.) _____
SIGNATURE, FACILITY PERSONNEL/ADMINISTRATOR DATE PHONE

(REV.4/06)W2